

STATE OF NEVADA
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD

4150 Technology Way, Room 303

Carson City, NV 89706

June 13, 2018

9:00 a.m. to Adjournment

DRAFT MINUTES

1. Call to Order

Call to order made at 9:05 am by Dave Fogerson, Chair.

2. Members of the Northern Regional Behavioral Health Policy Board in Attendance:

Jessica Flood Coordinator, Assemblywoman Robin Titus, Ali Banister, Karen Beckerbauer, Edrie LaVoie, Nicki Aaker, Taylor Radtke, Sandie Draper, Dave Fogerson, Wanda Nixon, Dr. Joseph McEllistrem

Absent Members: Carson City Sherriff Ken Furlong, Adrienne Sutherland, Kevin Morss

3. Regional Behavioral Health Updates – Presented by Jessica Flood, Northern Regional Behavioral Health Coordinator

Please see Vegas Strong Resiliency Center Trauma Coping Tips under Exhibit A.

Jessica Flood mentioned a comment made by Dr. Robin Titus during a previous meeting, when she questioned what efforts were being made to support victims of the Las Vegas shooting on October 1, 2017. Jessica Flood provided a handout from the Vegas Strong Resiliency Center which offers trauma coping tips to support victims of the shooting.

Jessica Flood stated she spoke with Dr. Stephanie Woodard, DPBH, who mentioned the Vegas Strong Resiliency Center has hired a Behavioral Health Coordinator, who is responsible for coordinating state and national efforts and resources to assist victims of the October 1, 2017 shooting.

Dr. Robin Titus stated the traumatic event on October 1, 2017, affected individuals who live both nationally and internationally and it is her hope these people receive the assistance they may require.

Dave Fogerson stated many people from Northern Nevada witnessed the tragic shooting event and two people he knows personally feel it is difficult to find coping assistance in Northern Nevada after experiencing such tragedy.

Jessica Flood stated she feels more efforts need to be made in Northern Nevada for individuals involved in the October 1, 2017 shooting in Las Vegas. Jessica Flood stated

she will provide an update of efforts being made to the Board within the next couple months.

4. Public Comment

No public comment was made.

5. Presentation on Bill Draft Request and Legislative Process – Presented by Marsheilah Lyons and Paul Mouritsen, Legislative Council Bureau (LCB)

Please see presentation materials under Exhibit B.

During the presentation, Paul Mouritsen provided an overview of the Nevada Legislature and the legislative process. Mr. Mouritsen stated the Legislature is the first branch of government and is closest to the people by offering public comment and input. The Nevada Legislature is bi-cameral and every bill is required to pass both houses within the legislature. It is also a citizen legislature which allows many people from different walks of life to serve within the legislature.

Marsheilah Lyons provided an overview of Bill Draft Request (BDR) requirements and provided suggestions to the Board to assist with the process. Marsheilah Lyons recommended individuals submit their recommendations in writing during hearings for the Board to review what people are asking and submitting to the Board. Marsheilah Lyons stated it is best to develop details related to the BDR during the interim, as opposed to waiting until the Board is ready for the work session. Marsheilah Lyons stated the BDR needs to remain within the Board's authority and needs to comply with the single subject rule. Marsheilah Lyons stated the Board can submit the BDR to the LCB Legal Division, in order to have them review the request prior to submission. The LCB Legal Division can also ensure the BDR does not repeat any existing laws. Marsheilah Lyons suggested scheduling meetings with legislators who will be sponsoring the BDR.

Following the presentation, there were no further questions.

6. Rural Children's Mental Health Consortium priorities and updates. – Presented by Pam Johnson, Rural Children's Consortium President

Please see presentation materials under Exhibit C.

Following the presentation, Pam Johnson stated the Children's Mental Health Consortium is currently in the process of developing a new 10-year strategic plan. The strategic plan needs to be completed by January 2020 and will consist of new goals. The Consortium will need to examine which goals have been deemed successful and determine what plans need to be developed to meet new goals.

Following the presentation, Taylor Radtke questioned how Pam Johnson would prioritize the list of general requests the Consortium presentation shows and how she believes the Board can assist with meeting these needs. Pam Johnson stated she personally believes the most important request is funding the rural specific children's mental health juvenile justice liaison.

A Board Member questioned who made the original contacts with the 380 youth across Nevada who were served with an 86% hospital diversion rate. Pam Johnson stated she was unable to answer that question. Ali Banister stated there is currently collaboration with juvenile justice and juvenile probation officers who usually make contact with youth, especially when there are crisis situations in detention centers involving youth.

Jessica Flood stated she is attempting to have Michelle Sandoval, present on the Juvenile Justice Program during the next Board meeting. Jessica Flood asked Ali Banister to assist with providing a future presentation from the Juvenile Justice Commission to discuss the current behavioral health work being done. Ali Banister stated she is not on the Commission panel but attends the meetings and can request them to be present.

Nicki Aaker questioned if all the public schools in rural Nevada counties have been given appropriate mental health providers as mentioned in Goal #2 within the presentation. Pam Johnson stated not all the public schools have appropriate mental health providers, but new application has been received.

Dave Fogerson, Chair opened the discussion for public comment.

During public comment Joan Hall, Nevada Rural Hospital Partners, stated she believed the strategic plan presented was great, but would add adult and youth. Ms. Hall stated it is important to share the resources and strategic plans mentioned with rural communities, because she feels these communities often do not realize the amount of resources available to them. Ms. Hall stated information needs to be promoted more efficiently to rural communities.

Dave Fogerson agreed with Joan Hall and stated he plans to discuss with the Board, the issues of behavioral health information silos that often are created and how information is not easily shared among providers or community members. Dave Fogerson stated there are many resources available to people, they are unaware of them and duplicated efforts are being made.

Jessica Flood stated a public awareness initiative needs to be made to share behavioral health information with Nevada communities. The Nevada 211 phone number was discussed and Jessica Flood stated the system is not always accurate which causes challenges in providing accurate behavioral health information to community members.

Dave Fogerson stated Nevada 211 is primarily run by individuals in Clark County and there is a lack of accurate information for Northern Nevada and rural Nevada communities. A Board member stated there needs to be data pulled from Nevada 211 to analyze different spikes in phone calls the system receives for specific behavioral health needs.

Karen Beckerbauer stated Social Entrepreneurs Inc. (SEI) was enlisted to do data gathering and research but she has not seen a formal report for such information. Karen Beckerbauer stated a follow-up should be done with SEI to determine their findings.

Jessica Flood stated solving Nevada 211 should possibly become one of the Board's priorities. Dan Fogerson suggested inviting Nevada 211 to present to the Board to help establish communication on what the system is lacking.

Joan Hall stated she called Nevada 211 and requested resources for children mental health crisis in rural communities and was referred to the rural mental health clinic in the community and the local hospital. The mobile outreach safety team was never mentioned even though it was an available resource. Joan Hall agrees Nevada 211 would be an easily available resource for the community but resources listed need to be more accurate.

No further public comment was made.

7. Guardian Transportation – Presented by Coy Barnson, COO, Guardian Transportation

Please see presentation under Exhibit D.

Leah Cartwright introduced Coy Barnson, who with his partner, Alton Giles, started the Guardian Transportation company in Utah. Leah Cartwright explained Guardian Transportation transports individuals Nevada would consider be placed on Legal 2000 holds (L2Ks). Coy Barnson provided a brief history of how the concept of Guardian Transportation began. Mr. Barnson stated he was a career firefighter in the Salt Lake City, Utah area since 1990. Approximately six years ago, Mr. Barnson questioned why emergency service ambulances and the local sheriff's offices are transporting behavioral health individuals across county lines. After a year of research and analysis, Mr. Barnson discovered Utah needs crisis transportation services for mentally ill patients suffering acute mental health crisis. Mr. Barnson collaborated with the Utah Bureau of Emergency Medical Services and decided to specialize in one form of transportation to assist the mentally ill population.

Coy Barnson stated Guardian Transportation strives to make the transportation of mentally ill clients safe and beneficial to the client. Guardian Transportation does not handcuff individuals being transported as police would be required to do. Mr. Barnson stated family members are able to join the patient being transported, which is not able to occur in ambulances. Guardian Transportation vehicles have safety and security measures that exceed ambulances. All doors remain locked and can only be unlocked by the driver, which prevents the chance of patients overcoming the attendant and jumping out of the vehicle. Mr. Barnson shared, in 2015 a Utah ambulance was transporting a mentally ill patient who gained access to the front cab and grabbed the steering wheel, the ambulance then overturned and the occupants were seriously injured. Due to this unfortunate event, Guardian Transportation vehicles have "safety barriers" which separate the driver and the patient. The vehicles also have cameras within the vehicle which record anytime the vehicle is moving. If a patient were to complain about Guardian Transportation services offered, the cameras allow providers to view footage from the transportation trip to verify services were offered appropriately to the patient. Mr. Barnson stated he has learned patients remain calmer when they are seat belted in, rather than having their arms and legs tied down. Guardian Transportation uses full-body harnesses to secure patients into the vehicle, with a certain type of belt that cannot be removed by the patient. The belt secures the patients shoulders, while still allowing their arms and hands to move freely. Coy Barnson stated the EMTs and paramedics of Guardian Transportation are trained on de-escalation techniques which allows them to handle mentally ill clients and promote a calm and safe experience while being transported.

Coy Barnson stated he believes Nevada is currently having the same transportation issues Utah had when he established Guardian Transportation six years ago. Mr. Barnson believes Guardian Transportation offers more safety to patients than ambulances, and his employees are more trained on how to handle behavioral health individuals than the everyday EMT or paramedic. Mr. Barnson stated Guardian Transportation services are much cheaper than utilizing emergency services to transport mentally ill patients. Mr. Barnson stated he has contracted with every hospital in Utah and has established a fair price for everyone in order to continue long-term relationships. If a facility has higher volumes of patients needing transport, Guardian Transportation will reduce the transportation price in order to make a fair offer to the provider. Mr. Barnson stated Guardian Transportation has accomplished more than 7,000 transports with a perfect safety record in the past six years in Utah. All employees are EMTs and paramedics, who have experience dealing with individuals in crisis. Mr. Barnson stated mentally ill patients are not criminals and deserve to be treated with respect and understanding while being transported to aid in the healing process.

Following the presentation, Coy Barnson stated he has requested Utah legislators allow a special license to be established to license behavioral health secure transportation in order to bill Medicaid and other providers. Mr. Barnson stated he is currently in the process of establishing the special license with Utah legislators and senators and believes he will have a contract with Medicaid in Utah within the next 30 days. Mr. Barnson stated he has contracts and is able to bill with more than a dozen insurance companies in Utah currently.

Dr. Titus stated rural Nevada hospitals struggle to reimburse and even if Guardian Transportation became licensed by Medicaid in Nevada, that would not technically be the same as being reimbursed by Medicaid. Dr. Titus questioned if Guardian Transportation is currently being reimbursed for the services they provide. Coy Barnson stated all the contracts Guardian Transportation has reimburse the transportation services.

Jessica Flood questioned if Guardian Transportation is licensed by Medicare. Coy Barnson stated they are not licensed by Medicare, due to Medicare's rule to only contract with ambulances and to change the rule would require an act of Congress.

Dr. Titus questioned if Guardian Transportation is contracted with Veterans Affairs (VA). Coy Barnson stated Guardian Transportation has contracted with the VA originally in Salt Lake City, UT. Mr. Barnson added due to the VA being a federal agency, Guardian Transportation is considered to be contracted with every VA location in the United States.

Sandie Draper questioned if most of the transports done by Guardian are performed in urban or rural areas. Mr. Barnson stated most of the transports occur in Salt Lake County, which is the most populated county in Utah. Mr. Barnson stated Guardian Transportation has placed vehicles throughout Utah in order to reduce response time for rural areas. He also plans to add more vehicles strategically placed throughout the state, once Utah Medicaid contracts with the company. Mr. Barnson stated even if transportation takes hours within rural areas, it is better than some current situations where patients are forced to wait days to receive the transportation to the proper mental health facility.

Dave Fogerson and other Board Members stated they agree Nevada requires the type of behavioral transportation Guardian Transportation offers. Dave Fogerson stated currently Nevada requires those who transport mentally ill patients to be a licensed ambulance, deputy sheriff or licensed by the taxi cab authority. Dave Fogerson stated he is supportive of having Guardian Transportation licensed within Nevada, assisting with working through any hindering local ordinances and finding sustainable funding through Medicaid and Medicare.

Leah Cartwright stated the goal is not to have Guardian Transportation serve as an ambulance, but to be available to transport behavioral health patients in need. Leah Cartwright stated NRS 433a specifies who may transport mental health individuals in crisis and suggested adding “secured medical transport” or “behavioral health transportation company” into the statute, in order to recognize the need for specialty behavioral health transportation companies. Dave Fogerson stated he believes licensing specialty transportation companies as ambulances in Nevada may allow funding reimbursement to be provided by Medicare, and is not sure Medicare would recognize and reimburse the form of transportation otherwise.

No public comment following the presentation.

8. Provide Chair with direction on topic for Bill Draft Request (BDR) assigned to Northern Regional Behavioral Health Policy Board. – Board Members

The board members were very interested in the idea of developing a way for behavioral health transportation to be funded through Medicaid and other insurances. They identified a solution as adding “behavioral health transportation” to NRS 433a, and voted to explore NRS 433a as their BDR.

9. Provide Chair direction for letter to support Mobile Outreach Safety Teams (MOST) and Certified Community Behavioral Health Clinics (CCBHC) on behalf of the Board. – Board Members.

The Board Members provided direction to Chair Dave Fogerson for letter of support for both MOST and CCBHC.

10. Adjournment

Dave Fogerson, Chair

Exhibit A



VEGAS STRONG RESILIENCY CENTER

Vegas Strong Resiliency Center Trauma Coping Tips

Mental health experts stress that people grieve and cope with trauma in different ways. Reminders of 1 October can affect people at different times and in differing circumstances such as anniversaries, hearing a particular song, watching news stories about other violent events, or experiencing crowds or loud noises. The following suggestions are recommended:

- **Stay in your normal routine as much as possible.** Even if you don't feel like it, go back to work, to school and try to carry on with your usual chores. It will help to reduce stress if you continue doing the things you would normally do every day. Anniversaries and special events like holidays or birthdays may be particularly difficult, especially for those who lost a loved one. To cope plan to be with people who care about you and plan an activity together.
- **Reach out for help.** Feelings of sadness, anger, anxiety and depression are common after a traumatic event. When you feel distressed, don't be alone. Talk to someone who is understanding and cares about you including a friend, family member, pastor or therapist. You also can talk to someone at the Vegas Strong Resiliency Center at (702) 455-2433 (AIDE) or toll-free at 1-(833) 229-2433. After hours on weekends or holidays, call the national Disaster Distress Helpline at 1-800-985-5990 to talk with a trained crisis counselor.
- **Seek Counseling.** If you are struggling with memories, flashbacks or reminders of the violent event, counseling can offer some coping strategies. It's not uncommon for survivor of mass violence to seek out counseling months or even years after an event. If you were present at the mass shooting, we encourage you to submit an application with the Nevada Victims of Crime program by **Oct. 1, 2018**, so you will be eligible to recoup out-of-pocket expenses for insurance co-pays. More information about the Nevada Victims of Crime Program is available at www.voc.nv.gov or (702) 486-2740
- **Deal with feelings of survivor's guilt.** It is not unusual for survivors of a traumatic event to feel guilt. One way experts recommend processing this emotion is to find a way to honor those who died or were injured by remembering them in private, as part of your faith community, or by doing an activity that has meaning to you in the community at large.
- **Connecting with other survivors may help.** Many people who have suffered from mass violence say it's helpful over time in dealing with the aftermath of an incident to connect with other survivors. The Vegas Strong Resiliency Center is working to connect survivors with support group resources in Las Vegas and other communities. Contact us for information.

General Tips for Dealing with Stress and Anxiety

- **Take a time-out.** Practice yoga, listen to music, meditate, get a massage, or learn relaxation techniques. Stepping back from the problem helps clear your head.
- **Limit alcohol and caffeine,** which can aggravate anxiety and trigger panic attacks.
- **Eat well-balanced meals.** Do not skip any meals. Keep healthful, energy-boosting snacks on hand.
- **Get enough sleep.** When stressed, your body needs additional sleep and rest.
- **Exercise daily** to help you feel good and maintain your health.
- **Take deep breaths.** Inhale and exhale slowly.
- **Count to 10 slowly.** Repeat, and count to 20 if necessary.
- **Maintain a positive attitude.** Try replacing negative thoughts with positive ones.
- **Get involved.** Volunteer or find another way to be active in your community, which creates a support network and gives you a break from everyday stress.
- **Learn what triggers your anxiety.** Is it images of the event, crowds or loud noises? Try to identify your triggers and tell yourself it's just a reminder. The event is not happening again and the bad feelings will pass. Try writing down what bothers you when you are feeling stressed or anxious, and look for a pattern. Practice the coping skills that help — breathing, walking and talking to others.

Exhibit B

Regional Behavioral Health Policy Board
Bill Draft Request

Excerpts from Assembly Bill 366 (Chapter 479, *Statutes of Nevada 2017*) related to the bill draft request (BDR):

Sec. 8.3. Chapter 218D of NRS is hereby amended by adding thereto a new section to read as follows:

1. For a regular session, each regional behavioral health policy board created by section 6 of this act may request the drafting of not more than 1 legislative measure which relates to matters within the scope of the policy board. The request must be submitted to the Legislative Counsel on or before September 1 preceding the regular session.
2. A request made pursuant to this section must be on a form prescribed by the Legislative Counsel. A legislative measure requested pursuant to this section must be prefiled on or before the third Wednesday in November preceding the regular session. A legislative measure that is not prefiled on or before that day shall be deemed withdrawn.
3. The Legislative Counsel shall not assign a number to a request for the drafting of a legislative measure submitted pursuant to this section to establish the priority of the request until sufficient detail has been received to allow complete drafting of the legislative measure.

Sec. 8.7. NRS 218D.100 is hereby amended to read as follows:

1. The provisions of NRS 218D.100 to 218D.220, inclusive, and section 8.3 of this act apply to requests for the drafting of legislative measures for a regular session.
2. Except as otherwise provided by a specific statute, joint rule or concurrent resolution, the Legislative Counsel shall not honor a request for the drafting of a legislative measure if the request:
 - (a) Exceeds the number of requests authorized by NRS 218D.100 to 218D.220, inclusive, and section 8.3 of this act for the requester; or
 - (b) Is submitted by an authorized nonlegislative requester pursuant to NRS 218D.175 to 218D.220, inclusive, and section 8.3 of this act but is not in a subject related to the function of the requester.
3. The Legislative Counsel shall not:
 - (a) Assign a number to a request for the drafting of a legislative measure to establish the priority of the request until sufficient detail has been received to allow complete drafting of the legislative measure.
 - (b) Honor a request to change the subject matter of a request for the drafting of a legislative measure after it has been submitted for drafting.
 - (c) Honor a request for the drafting of a legislative measure which has been combined in violation of Section 17 of Article 4 of the Nevada Constitution.

Bill Draft Request

Ideas for potential BDRs come from various sources including, policy board members, mental health advocates, health care professionals, law enforcement, local officials, business community partners, and many others. To keep track of recommendations you may want to:

- Require all recommendations to be submitted in writing. The document/e-mail should include the name and affiliation of the proponent, date of submission, and contact information;
- Keep a running list of recommendations presented during hearings or submitted at another time;
- Sort recommendations by comparable topic; and
- Develop details and work out issues related to viable recommendations throughout the interim—do not wait until the work session or deadline.

Scope of a BDR

The scope of your BDR is limited by the statutes that created the regional behavioral health policy board. The BDR submitted must address “matters within the scope of the policy board.”

The BDR may address any such topic that is appropriate for a state law. However, it is important to note the BDR must: (1) comply with the “single-subject rule”; (2) propose specific legislative actions with enough detail that the BDR could be drafted if it were adopted by the policy board; (3) avoid repeating any existing statutes; and (4) avoid any conflicts with federal law, the *United States Constitution*, and the *Nevada Constitution*.

Compliance with the “Single-Subject Rule”

The single-subject rule is based on the *Nevada Constitution*. Section 17 of Article 4 of the *Constitution* limits the drafting of legislation to one subject and requires the title of the bill to state that subject. For example, the title of a bill must not state “AN ACT relating to apples and oranges,” but rather the title of the bill must state “AN ACT relating to fruit.” Some examples of single subjects that have been used for legislation include, without limitation: (1) education; (2) health care; (3) crimes; (4) transportation; (5) water; (6) protection of children; and (7) business.

In developing your BDR, you should ensure that the topics addressed in the BDR can be encompassed by a single subject, such as the single subjects listed above. For other examples of appropriate single subjects, you may review some of the bills that were proposed during the last legislative session. You will find those bills on the Legislature’s website at: <https://www.leg.state.nv.us/Session/79th2017/BDRList/>

Proposal of Specific Legislative Action with Sufficient Details for Drafting

Please remember that your BDR must propose specific legislative actions. For example, a BDR that seeks to “revise the definition of the term ‘mental illness’” is insufficient. A BDR must address the question of how these ideas will be accomplished. Thus, a bill that would “revise the definition of the term ‘mental illness’ by: (1) eliminating references to certain diagnostic manuals; and (2) excluding certain other mental disorders that result in diminished capacity” would be a sufficient BDR. Further, a BDR that seeks to “address care for persons with certain mental conditions” is insufficient. However, a bill, such as Senate Bill 7 (Chapter 496, *Statutes of Nevada*) of the 2015 Legislative Session, which revised provisions governing the admission of persons with certain mental conditions to and the release of such persons from certain facilities and programs would be sufficient. That bill expanded the list of persons authorized to file an application for the emergency admission of a person alleged to be a person with mental illness and a petition for the involuntary court-ordered admission of such a person to certain facilities or programs. In addition to other related matters, the measure also expanded the list of persons authorized to complete certain certificates concerning the mental condition of another.

Avoiding Repetition of Any Existing Statutes

Generally speaking, each bill seeks to enact new laws, make changes to existing laws, repeal existing laws, or accomplish some combination of all three of these purposes. If your BDR seeks to enact any new laws, it is important that your BDR not repeat any existing statutes. The reason is simple—there is no purpose in enacting a law that already exists.

To avoid repeating existing statutes, you should search the *Nevada Revised Statutes* (NRS), which are available online at the following link: <http://www.leg.state.nv.us/law1.cfm>.

If your BDR is submitted for drafting, the Legal Division of the Legislative Counsel Bureau (LCB) will also review the proposed concepts in your BDR to ensure they do not repeat any existing statutes.

Avoiding Conflicts with Federal Law, the *U.S. Constitution*, and the *Nevada Constitution*

It is important that each bill presented to the Legislature not include any provisions that would conflict with federal law, the *U.S. Constitution*, or the *Nevada Constitution*. If your BDR is submitted for drafting, the Legal Division of LCB will review the proposed concepts in your BDR to ensure they are constitutional and do not conflict with federal law.

Submitting the Bill Draft Request

When your BDR is submitted to the LCB for drafting:

1. Provide a detailed description of the recommendation and copies of any background information that will assist staff in understanding the purpose of the recommendation. Include a strong statement of intent, outlining the problem to be solved, intended effect, and/or the goal(s) of the proposed bill or resolution.

2. If the recommendation revises one or more current NRS, provide the reference to the NRS citation(s) affected by the recommendation.
3. Include the proposed effective date for the provisions of the measure. The default effective date for new legislation, if one is not provided, is October 1.
4. Provide a description of any known cost to the state or local government that would result from carrying out the changes in the bill if enacted.
5. Clearly delineate and provide the name and contact information for the person who has authority to speak on behalf of the policy board to clarify questions and provide additional information related to the recommendation, if necessary.

Required Prefiling

A bill draft requested by any entity other than a legislator or a legislative committee is required to be prefiled on or before the third Wednesday in November preceding the regular session. By statute, a measure that is not prefiled on or before that date is deemed to be withdrawn. There is no authority to waive this requirement.

Please submit the completed BDR form by mail to:

Brenda J. Erdoes, Legislative Counsel
Legislative Building
401 South Carson Street
Carson City, Nevada 89701-4747

Or by e-mail at erdoes@lcb.state.nv.us

Or by fax at (775) 684-6761.

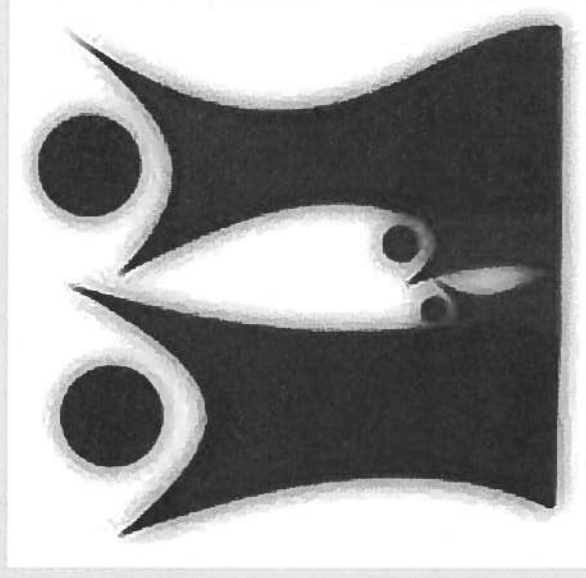
Bill draft request forms are available on the Nevada Legislature website. Currently, the forms from the 2017 Session are listed at: <https://www.leg.state.nv.us/Session/79th2017/BDRForms/>.

Exhibit C

RURAL CHILDREN'S MENTAL HEALTH CONSORTIUM

Annual Progress Report for Ten Year Strategic Plan

2018



Establishment of the Children's Mental Health Consortia

The Nevada Revised Statute (NRS 433B) established Mental Health Consortia in three jurisdictions in Nevada; Clark County, Washoe County and Rural Areas as well as an all encompassing Nevada Consortium.

The functions of the Consortia are to assess the current behavioral health services for youth, in each jurisdiction and develop a plan that will identify gaps and areas in need of improvement.

Comprised of committed professionals, agency personnel, community representatives, parents, foster parents, youth, community business representatives, and advocates who come together to support youth and families in Nevada with behavioral health needs.

■ Using a set of values and principles which promote a system of care that is community-based, family driven & youth guided and culturally competent

Two Primary Challenges

Limited access
to services due
to geographic
distance

Insufficient
provider
availability

Rural Nevada, remains 100% of the population resides in a mental health professional shortage area (Nevada Rural and Frontier Health Data Book, 2017).

Not only is there a mental health workforce shortage, but there has also been a decline in providers from 2008-2016 (Nevada Rural and Frontier Health Data Book, 2017)

Ten Year Plan Goals

Goal 1	Address Work Force Development to Provide Mental Health Professionals to Rural Nevada
Goal 2	Promote Appropriate Mental Health Providers to Public Schools
Goal 3	Support a System of Care Designed for Nevada's Rural Region
Goal 4	Promote Adequate Technology to Support the Use of Telehealth Services in Nevada's Rural Regions
Goal 5	Create a Rural Children's Mobile Crisis Response Team (RMCRT)
Goal 6	Promote Prevention and Intervention: Addressing Behavioral Health Issues Early
Goal 7	Increase Transitional Support to Youth Receiving Treatment in Inpatient & Residential Treatment Centers, Especially Those Out-of-State Through Increased Local Service Array

Successes over the last year

- **Goal #1: Address Work Force Development to Provide Mental Health Professionals to Rural Nevada**
 - UNR online Social Work Masters Program: 7 graduates from Rurals
 - Peer Programing Certification
 - State Agencies and Education providers have offered youth/family specific trainings via video
- **Goal #2: Promote Appropriate Mental Health Providers to Public Schools**
 - Office for a Safe and Respectful Learning Environment: 230 social work positions in schools
 - Schools being approved as field practicum settings
 - SafeVoice

.....Successes continued

■ Goal #3: Support a System of Care Designed for Nevada's Rural Region

- Collaboration and recognition within the System Of Care
- Working to build stronger partnerships with Nevada's Native American Tribes
- Certified Community Behavioral Health Clinics established in Fallon and Elko
- Office of Suicide Prevention has trained 381 rural community members in suicide awareness and Youth Mental health First Aid
- JJ received State funding to help with mental health evaluations for youth
- Regional Behavioral Health Boards
- Nevada PEP is servicing Rural families and have had 79 rural participants at hosted workshops

.....Successes continued

Goal 4#: Promote Adequate Technology to Support the Use of Telehealth Services in Nevada's Rural Regions

- Expanded use of telehealth: more providers
- Video Trainings
- Medicaid and Licensing Boards recognizing service delivery

Goal 5#: Create a Rural Children's Mobile Crisis Response Team (RMCRT)

- Successful establishment of a Rural Mobile Crisis program for youth with funding from the DCFS System of Care Expansion Grant.
- In 16 months, served over 380 youth across Nevada with an average of 86% hospital diversion rate
- Provided SOC training to Rural Case Managers
- Developed a statewide Mobile Crisis Management Team.

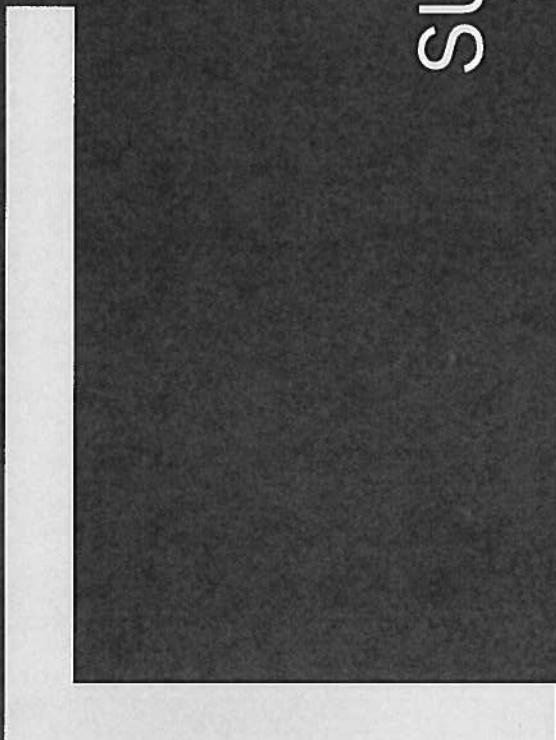
.....successes continued.....

Goal #6: Promote Prevention and Intervention: Addressing Behavioral Health Issues Early

- REACH program: Preventive services resulting in only 2% being referred to a higher level of services
- Office of Suicide Prevention has partnered with rural school districts providing over 40 education/screening events in Pershing, Humboldt, Elko, Carson and Washoe Counties.
- May 5th Children's Mental Health Day activities.

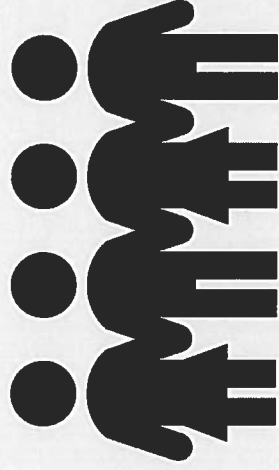
Goal 7 #: Increase Transitional Support to Youth Receiving Treatment in Inpatient & Residential Treatment Centers, Especially Those Out-of-State Through Increased Local Service Array

- Division of Healthcare Finance and Policy is partnering with providers to further opportunities for in-state RTC's.
- As of August 2017, a total of 205 Nevadan children were in out-of-state placement, down from 245 in 2016 (Nevada Department of Health Care Financing and Policy, 2017).
- Continued growth of the Advanced Foster Care Program: providing support for youth and foster parents to increase stability and permanency.
- Pacific Behavioral Health, through grant funding, started Services for Community Reintegration for Transitional Aged Youth, ages 15-24.



THERE IS GREAT
APPRECIATION FOR THE
SUCCESES THAT HAVE BEEN
MADE OVER THE LAST YEAR
HOWEVER RURAL YOUTH AND
FAMILIES NEED SO MUCH MORE
THAN IS BEING OFFERED.

General Requests



- ✓ Funding to create and provide accessible and youth specific training for developing a foundation of skilled mental health providers to be housed in an identified state agency.
- ✓ Funding of a rural specific children's mental health tribal liaison position
- ✓ Permanent funding of Mobile Crisis services in rural Nevada, housed under DPBH, including additional State positions needed to provide 24-hour coverage to all rural communities.
- ✓ Funding of a rural specific children's mental health juvenile justice liaison to address solutions for mental health services including expansion of Medicaid services for youth who are temporarily detained.
- ✓ Assistance for addressing legislative issues with the professional mental health boards in allowing for more flexible avenues for rural professionals to pursue internship and clinical hours.
- ✓ Support research study to survey and gather information on issues impacting the decreasing mental health workforce in Rural Nevada.
- ✓ Funding of a consultant to assist the Consortium with reorganizing, planning, data collection, attendance at all workgroups and grant writing.

Exhibit D



Why Consider Guardian Transportation??

- Guardian specializes in non-emergency secured medical transports for behavioral health patients. Their mission is founded in respect and dignity for the patient.
- Identifying the appropriate level of transportation in a timely manner
 - Behavioral health patients are often transported by ambulance because there are no other alternatives. This results in costly transports.
 - Guardian offers safe and effective transportation for complex mental health conditions at a lower cost

Experience

- 6 years in operation in Utah and Idaho
- 7000 behavioral health patient transports with ZERO incidents - a perfect safety record.
- All employees are EMTs and Paramedics trained in Non-Violent Crisis Intervention

Safety

- Custom fleet of 2015 and 2016 vehicles with 2018 in development.
- Netted safety barrier between driver compartment and patient area.
- Safety locks on all doors in the patient area that can only be unlocked from the driver compartment.
- Video cameras in the car for patient protection and driver safety. Driver has full 360 degree view of vehicle interior at all times.
- Full safety harness for patients who require a more secure transportation with safety locks on the seat belts, if needed.

Value

- Guardian base rate of \$415 compared with an ambulance base rate of \$718.
 - Saving \$303 per transport.
- Guardian per mile rate of \$13 compared with an ambulance per mile rate of \$22.
 - Saving \$9 per mile.



From:	To:			
Renown	West Hills 1.2 Miles	NNAMHS 2 Miles	Reno Behavioral Health Hospital 5.5 Miles	Mallory Crisis Ctr. Carson City 34 Miles
By Ambulance	\$744.00	\$762.00	\$828.00	\$1,466.00
By Guardian	\$430.60	\$441.00	\$486.50	\$857.00
Guardian Per Trip Savings	\$313.40	\$321.00	\$341.50	\$609.00

Conclusion

Transportation and waiting are two types of “waste” in the health care system (1).

Guardian transportation can significantly **reduce costs** by providing the **most appropriate level of care** when a patient on a **psychiatric legal hold is discharged** from the emergency department or hospital inpatient unit **and transported to a psychiatric facility**.

1. *Lean Hospitals; Improving Quality, Patient Safety, and Employee Engagement*. 2016



A Behavioral Health Transport Company

Specializing in safe and secure mental health transportation to and from hospitals, clinics, and psychiatric facilities.

www.GuardianTransportation.org
385.212.2012

Coy Barnson, COO
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Our Mission

To specialize as a
Behavioral Health
Transport Company that
transports your customers
with respect and maintains
dignity for the patient.



What Does Guardian Transportation Provide?

- ❖ Transport is done in the least restrictive manner
- ❖ Extra seating for family members
- ❖ Room for a secured stretcher, if needed
- ❖ All vehicles are dispatched with a team of two employees, driver and attendant.
- ❖ Employees are EMTs, Paramedics, and Nurses with training in Nonviolent Crisis Intervention
- ❖ Safe and Secure - cameras, specialized locks, basic life support kit all on board
- ❖ Available 24 hours a day 365 Days a year
- ❖ Affordable



“...someone experiencing an acute mental health crisis but who had committed no crime spent two and a half hours riding in the back of a police car, and a deputy trained for the nuances of everyday policing spent five hours off the streets and in the car, trying to get the person to help.”

...leaving an officer stationed at the hospital or assigning two to drive a patient to Reno means fewer officers left to patrol in the county. The Pershing County Sheriff's Office only has 15 patrol and detention officers combined and is currently running two positions down.

In Lincoln County, it's the deputies who are often responsible for transporting patients, or, sometimes if the person is medicated and non-violent, a local ambulance will transport the person to the county line, where a Clark County ambulance will pick them up and transport them to an accepting facility.”

Mental Health Transportation Issues in the News

NEVADA INDEPENDENT
Your State. Your News. Your Voice.

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GOVERNMENT
An 'ugly' process: Sheriffs, hospitals shoulder burden of crisis mental health care in rural Nevada

By Megan Messerly
March 11th, 2018 - 3:03am

***When it comes to transporting people
with mental health issues ...
there is a better way!***

